

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ADDENDUM TO ONLINE APPLICATION

PRIVATE SECURITY PERMIT

APPLICANT INFORMATION:

Last Name	First Name	MI	Former / Maiden Name(s)
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TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY EMPLOYER:

Name of employing agency exactly as it appears on agency license

Business address of employing agency's main office

Street	City	State	Zip Code
License # of employing agency		Main office telephone number (_____)	

I CERTIFY that the agency identified above will employ and will assume responsibility for the private detective applicant pursuant to rules of the Department and will notify the Department of any change in employment within 5 (five) days after the date of change. The agency understands and will comply with the following:

If a 30-day temporary permit is issued, the applicant will not receive a permit to carry a firearm while holding a temporary permit. The temporary permit may not be renewed. If the Department has not received the FBI criminal record report by the end of the 30 days, the applicant will not be permitted to act as a private security person until the Department has received a satisfactory report and has issued a regular private security permit.

Signature of Authorized Representative

Print Name of Person Signing Above _____ Date ____ / ____ / ____